

**Workorder #:**

Agency:		Account #
Agency Representative:		
Purchase Order #:	Date:	

**FILM:** ☐ 16 mm ☐ 35 mm ☐ 16 mm x 215'

**Type of Service (Check one)**

- ☐ Processing only  
☐ Duplication only (☐ silver ☐ diazo)  
☐ Processing & duplication (☐ silver ☐ diazo)

## Silver

Roll #	Orig	Neg	Pos
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Total			

## Diazo

Roll #	Neg
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
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93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

[illegible]

**Other (Check)**

**Item Total**

<input type="checkbox"/> Cartridges - type	
<input type="checkbox"/> Cartridge loading	
<input type="checkbox"/> Splicing Tabs	
<input type="checkbox"/> Trailer stops	
<input type="checkbox"/> Leaders	
<input type="checkbox"/> Storage boxes	
<input type="checkbox"/> Editing (splices)	
<input type="checkbox"/> Quality checks	
<input type="checkbox"/> Methylene blue testing	
<input type="checkbox"/> Mailing	
<input type="checkbox"/> MFM Certification	
<b>Total</b>	

**Comments:**

**To be completed by Lab Services:**

Date completed: \_\_\_\_\_ Initials: \_\_\_\_\_  
Received by: \_\_\_\_\_ Date: \_\_\_\_\_